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APPLICANTS
 Fred Bishop, Glendale, AZ;
 Peter D. Saunders, Salt Lake City, UT;

**** CONTINUING DATA *******
 This application is a CIP of 09/865,878 05/25/2001 PAT 7,035,872
 and is a CIP of 10/192,488 07/09/2002 PAT 7,239,226
 which claims benefit of 60/304,216 07/10/2001
 This application 10/711,613
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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 10/22/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY AZ	SHEETS DRAWING 15	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
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ADDRESS
86244

TITLE
RECURRENT BILLING MAINTENANCE WITH RADIO FREQUENCY PAYMENT DEVICES

FILING FEE RECEIVED 1076	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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